

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

10

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 AM 10:42

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect BILL LYNN (Scott Co.)

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

BILL LYNN

Political Party (if applicable)

N/A

Office Sought

FIFTH WARD ALDERMAN

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

13625

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Adelita K. Lynn
SIGNATURE OF PERSON FILING REPORT

563-326-3746
TELEPHONE

1/19/09
DATE SIGNED

I AM FILING A 1-19-09 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

SCOTT

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 2,056.15

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

512.00

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2,568.15

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,041.62

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1,526.53

**UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

15.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

-0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Bill Lynn - (Scott Co)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
1/2/08	ID# CK#	Todd M. Leach 111 N. Bennett St. Whiteland, IA 52777		\$ 15.00	<input type="checkbox"/>
6/29/08	ID# CK#	Frank Miller 1315 E. 11th St Davenport, IA 52803		20.00	<input type="checkbox"/>
6/19/08	ID# CK#	Louise K. Farris 512 E. 14th St Davenport, IA 52808		20.00	<input type="checkbox"/>
6/19/08	ID# CK#	Alice K. Wilcox 1224 Esplanade Ave Davenport, IA 52803		5.00	<input type="checkbox"/>
6/20/08	ID# CK#	Margorie L. Holcombe 4130 Kirkwood Blvd Davenport, IA 52806		5.00	<input type="checkbox"/>
6/28/08	ID# CK#	Janet B. Hines 608 Kirkwood Blvd Davenport, IA 52803		5.00	<input type="checkbox"/>
6/21/08	ID# CK#	Mary G. Sprick 1817 E. 16th St. Davenport, IA 52803		10.00	<input type="checkbox"/>
9/16/08	ID# CK#	Rosemary Hay 2417 Iowa St. Davenport, IA 52802		15.00	<input type="checkbox"/>
9/17/08	ID# CK#	Colleen Levens 804 Kirkwood Blvd Davenport, IA 52803		50.00	<input type="checkbox"/>
10/30/08	ID# CK#	Beverly A. Quigley 221 E. 7th St Davenport, IA 52803		10.00	<input type="checkbox"/>

SUB-TOTAL

\$ 155.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Bill Lynn (Scott Co)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/29/08	ID# CK#	Jean Kelly 2311 E. 29th St Davenport, IA 52803		\$ 5.00	<input type="checkbox"/>
10/29/08	ID# CK#	Paula A. Taylor 628 Kirkwood Blvd Davenport, IA 52803		20.00	<input type="checkbox"/>
10/30/08	ID# CK#	Marie Marie Holcomb 4150 NW Blvd E 108 Davenport, IA 52806		5.00	<input type="checkbox"/>
10/30/08	ID# CK#	Helen Rindese 2305 E 31st Davenport, IA 52807		15.00	<input type="checkbox"/>
10/30/08	ID# CK#	Bruce J. Samberg 1911 E 31st St Davenport, IA 52807		10.00	<input type="checkbox"/>
10/30/08	ID# CK#	Alice K. Wilcox 1224 Esplanade Ave Davenport, IA 52803		5.00	<input type="checkbox"/>
10/30/08	ID# CK#	No. 5122 N. 11th St Rock Island, IL 61201		200.00	<input type="checkbox"/>
11/4/08	ID# CK#	Fred Czichas 1924 College Ave Davenport, IA 52803		10.00	<input type="checkbox"/>
11/11/08	ID# CK#	Ellsworth O. Jones 250 E. Locust St. Davenport, IA 52803		15.00	<input type="checkbox"/>
12/19/08	ID# CK#	Rosemary Nash 2417 Iowa St. Davenport, IA 52803		15.00	<input type="checkbox"/>

SUB-TOTAL

\$ 300.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Comm. Hear. to Re-Elect Billy Lynn (Seated)*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(5), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/24/08	ID# CK#	Stanley P. Roberts 1947 Perry St. Davenport, IA 52803		\$ 20.00	<input type="checkbox"/>
6/19/08	ID# CK#	Unitemized cash		20.00	<input type="checkbox"/>
11/08/08	ID# CK#	Unitemized cash		17.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 57.00

TOTAL (if last page of this schedule)

\$ 572.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Bill Lyon (Scott. Co)

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/25/08	ID# CK#	U.S. Postmaster U.S. Postoffice Davenport, IA 52801	Postage for Returned Newsletters	\$ 8.40
7/1/08	ID# CK#	Bullseye Direct Mail Tremont Bus Center 5101C Tremont Ave Davenport, IA 52807	Bulk Mailing of Word Newsletter	337.58
7/1/08	ID# CK#	Printing Plus Inc 1630 Washington St Davenport, IA 52804	Printing of Word Newsletter	141.88
9/1/08	ID# CK#	Domain Listing Service	Annual website Search engine Listing	35.00
9/24/08	ID# CK#	Woody Parkins	Web Page Fee	50.00
10/22/08	ID# CK#	Printing Plus, Inc 1630 Washington St Davenport, IA 52804	Printing of Word Newsletter	146.96
11/25/08	ID# CK#	Bullseye Direct Mail Tremont Bus Ctr 5101C Tremont Ave Davenport, IA 52807	Bulk mailing of Word Newsletter	321.80
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$1,041.62

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Bill Lynn (Scott Co)

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/24/08	Mark Nelson 3434 FOREST ROAD DAVENPORT, IA 52807		FOOD	\$ 15.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last
page of this
schedule)

\$

15.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)